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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	08/905,654
Filing Date	August 4, 1997
First Named Inventor	Yang
Group Art Unit	1752
Examiner Name	C. Hamilton
Attorney Docket Number	2156-188

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application and all divisions and continuations thereof.

The reasons for this request are:

Other attorneys have assumed responsibility for this matter.

Approved AUG 26 2003
Jacqueline M. Stone
Jacqueline M. Stone, Director
Technology Center 1700

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☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name:

Arthur G. Schaier, Esq.

Signature:

Arthur G. Schaier

Date:

1/10/03

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period or response or possible extension period, the request to withdraw is normally disapproved.

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TO: EXAMINER: C. Hamilton

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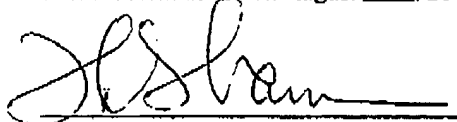
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ART UNIT 1752

SERIAL NO. 09/921,589

FROM: Jennifer A. Calcagni, Esq.
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2156-188K

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{W1.05023}

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Yang, et al.

Serial No.: 09/898,152

Filing Date: July 3, 2001

Title: Laser Imaged Printing Plates

Examiner: C. Hamilton

Art Unit: 1752

Docket No.: 2156-188K

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TRANSMITTAL

I. Enclosed please find the following items regarding the above referenced patent application:

1. Associate Power of Attorney As Filed In Application Serial No. 08/905,654 (1 sheet)
2. Request For Withdrawal As Attorney or Agent As Filed In Application Serial No. 08/905,654 (1 sheet)
3. Change of Correspondence Address (1 sheet)

II. Fee Payment.

☐ Please charge Deposit Account No. 50-0447 the amount estimated to be _____, for two additional independent claims plus any deficiencies. A duplicate copy of this transmittal is attached.

☒ No fee is believed due with the filing of this Response, however, if a fee is due, please charge Deposit Account No. 50-0447.

Respectfully submitted,

By: Jennifer A. Calcagni
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{W1264446;2}